19000175303

I

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	g.u.t
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2018

REGGIE ROBY 2598 E SUNRISE BLVD STE 2014 FORT LAUDERDALE, FL 33304 US

SUBJECT: RPG PROPERTY GROUP LLC Ref. Number: L18000175303

We have received your document for RPG PROPERTY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 718A00015879

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www.sunbiz.org

Division of Cornerations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

RPG Property Group LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REGGIE ROBY

Name of Person

RPG Property Group LLC

Firm/Company

2598 E. Sunrise Blvd Suite 2014

Address

FORT LAUDERDALE, FLORIDA 33304

City/State and Zip Code

rpg.flproperties@gmail.com

E-mail address: (to be used for future annual report notification)

786

For further information concerning this matter, please call:

REGGIE ROBY

Name of Person

_ at (_____) ____ Area Code — D

369-6500

a Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{1.18000175303}{2}$.	7/20/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SECR S
B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here:	n our records, enterstine name of the new
Name of New Registered Agent:	FATS
New Registered Office Address:	-

Enter Florida street address

, Florida				
City		Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

RPG Property Group LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>br/removed from our records</u>:

MGR = Manager

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AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	REGGIE ROBY	1200 NW 5TH AVE Fort lauderdale, fl 33311	🖬 Add
			Remove
			Change
			🛛 Add
			Remove
			Change
			Add
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated		
	Signature of a member or authorized representative of a member	
	REGGIE ROBY	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00